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# Urban District of Kearsley.

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## ANNUAL REPORT

OF THE

### Medical Officer of Health

FOR THE YEAR 1925.

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By A. G. GLASS, M.A., M.D., D.P.H.,  
MEDICAL OFFICER OF HEALTH.

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## Members of the Sanitary Committee.

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*Chairman:*

COUNCILLOR J. H. CAMPION.

*Vice-Chairman:*

COUNCILLOR C. W. UNDERWOOD.

*Members:*

Councillor Mrs. H. J. AFFLECK.

„ J. BARLOW.

„ J. E. HALL.

„ C. F. HOWARD, J.P.

„ J. J. LOMAX.

„ T. Y. MARTIN.

„ Miss F. PICKERING, J.P.

„ J. SHEPHERD.

„ S. STREET.

„ N. WARDLE.

*To the Chairman and Members of the Sanitary Committee.*

LADIES AND GENTLEMEN,

I have pleasure in submitting my Annual Report for 1925 on the Health of the Urban District of Kearsley.

In accordance with Circular 540 of the Ministry of Health, the Report this year is a "Survey Report," that is to say, it deals with

- (a) the measure of progress made in the area during the preceding *five* years in the improvement of the public health; and
- (b) the extent and character of the changes made during that period in the public health service of the area.

The order and the arrangement of the present report follow the lines laid down in Circular 648 of the 10th December, 1925.

I remain, Ladies and Gentlemen,

Your obedient servant,

A. G. GLASS.



## Natural and Social Conditions of the Area

### Area.

The area of the district is 1004 statute acres, East Ward being 779 and West Ward 225 acres.

### Population.

Census, 1911	.. ..	9,669
Census, 1921	.. ..	9,610
Estimated, 1925	.. ..	10,380

### DISTRIBUTION OF POPULATION IN WARDS (CENSUS, 1921):—

WARDS.	PERSONS.	MALES.	FEMALES.
East .. .. .	4370	2083	2287
West .. .. .	5240	2464	2776

### Physical Features and General Character of the Area.

The Urban District of Kearsley is situated in East-Lancashire, about  $3\frac{1}{2}$  miles S.E. of Bolton and 7 miles N.W. of Manchester. Most of the houses are built along the main road from Bolton to Manchester.

The river Irwell forms the northern and most of the eastern boundary of the area.

There is a considerable amount of undeveloped land in Kearsley.

The geological formation is, except for patches of sand, boulder clay overlying the coal measures.

The altitude varies from 146 to 345 feet above Ordnance datum. The situation of the town is favourable to free exposure to light and air, and has a good fall for drainage, the general slope being from West to East.

The town is divided into two wards, the East having a density of 5·6 and the West 23·3 persons per acre. The density of the district as a whole is 9·6 persons to the acre.

**\*Meteorological Notes for 1925.**

Total sunshine	.. .. .	1063·1 hours
Temperature: Highest	.. .. .	70·5°F.
Lowest	.. .. .	31·9°F.
Mean	.. .. .	47·40°F.

**Rainfall:**

Maximum in one day	.. .. .	1·43" (May 19)
Total, 1925	.. .. .	45·002"
Average, 1887-1925	.. .. .	43·462"
Wind: North	.. .. .	646 hours
North-East	.. .. .	1016 „
East	.. .. .	766 „
South-East	.. .. .	743 „
South	.. .. .	1003 „
South-West	.. .. .	1215 „
West	.. .. .	1197 „
North-West	.. .. .	550 „
Calm	.. .. .	1624 „

Number of inhabited houses (1921)	.. .. .	2,201
Number of Families or Separate Occupiers (1921)	.. .. .	2,217
Rateable Value :—For Poor Rate	.. .. .	£40,209
For District Rate	.. .. .	£36,274
Sum represented by a penny rate	.. .. .	£143

**Social Conditions**, including the Chief Occupations of the Inhabitants, and the influence of any particular Occupation on Public Health:—

The population is mainly of the working class. The principal employment is in connection with the textile and the coal mining industries. Of the 1878 textile workers, no fewer than 1306 are women, many of them being married.

\*This information has been kindly supplied by Mr. Thomas Midgley, F.R.Met.Soc., Bolton.

**Vital Statistics.****BIRTHS:**

	Males.	Females.	Total.
Legitimate .. .. .	77	83	} 163
Illegitimate .. .. .	—	3	
Birth-rate per 1,000 population .. .. .			15·7

**DEATHS:**

	Males.	Females.	Total.
	59	48	107
Death-rate per 1,000 population .. .. .			10·3

## Deaths of Infants under 1 year:—

	Males.	Females.	Total.
Legitimate .. .. .	6	5	} 13
Illegitimate .. .. .	1	1	
Infantile Mortality Rate .. .. .			79

**RATES PER 1,000 POPULATION.**

	Birth Rate.	Death Rate.	Tuberculosis Death-rate (Respiratory).	Infantile Mortality Rate.
Mean of 5 years:—				
1895-1899 .. ..	30·8	17·5	1·18	185
1900-1904 .. ..	29·2	17·2	1·02	193
1905-1909 .. ..	26·0	14·5	0·80	150
1910-1914 .. ..	22·9	13·7	0·91	147
1915-1919 .. ..	20·0	15·8	0·73	122
1920-1924 .. ..	20·6	12·4	0·81	102
Year:				
1924 .. .. .	18·8	12·2	0·86	82
1925 .. .. .	15·7	10·3	0·38	79
Increase or decrease in 1925 on Mean of 5 years, 1920-1924.. .. .	— 4·9	— 2·1	— 0·43	— 23
Previous year .. ..	— 3·1	— 1·9	— 0·48	— 3



TABLE I.

Showing Birth Rates, Death Rates and Infantile Mortality Rates  
for Kearsley since 1911, compared with England  
and Wales.

Year.	Birth Rates.		Death Rates.		Infantile Mortality Rates.	
	England & Wales.	Kearsley.	England & Wales.	Kearsley.	England & Wales.	Kearsley.
1911	24·3	24·4	14·2	15·6	130	172
1912	23·9	20·5	13·0	12·0	95	115
1913	24·1	24·0	13·5	13·1	108	157
1914	23·8	22·4	13·7	13·2	105	135
1915	21·9	21·7	14·8	16·3	110	153
1916	20·9	19·0	13·4	14·1	91	143
1917	17·8	19·8	13·5	15·0	96	101
1918	17·7	18·4	17·1	17·5	97	122
1919	18·5	21·3	13·3	15·9	89	91
1920	25·4	24·3	12·1	12·7	80	118
1921	22·4	24·7	11·5	12·6	83	139
1922	20·6	16·7	12·9	10·5	77	84
1923	19·7	18·9	11·6	14·4	69	88
1924	18·8	18·8	12·2	12·2	75	82
1925	18·3	15·7	12·2	10·3	75	79

## CAUSES OF DEATH IN 1925.

Whooping cough .. .. .	1
Influenza .. .. .	2
Tuberculosis of respiratory system .. .. .	4
Cancer; malignant disease .. .. .	6
Diabetes .. .. .	1
Cerebral hæmorrhage, etc. .. .. .	8
Heart disease .. .. .	8
Arterio-sclerosis .. .. .	4
Bronchitis .. .. .	15
Pneumonia (all forms) .. .. .	13
Other respiratory diseases .. .. .	2
Diarrhœa, etc. (under 2 years).. .. .	2
Cirrhosis of liver .. .. .	1
Acute and chronic nephritis .. .. .	6
Puerperal sepsis .. .. .	1
Congenital debility and malformation, premature birth.. .. .	5
Suicide .. .. .	1
Other deaths from violence.. .. .	7
Other defined diseases .. .. .	20

The diseases which produced the largest number of deaths—59 per cent. of the whole—are given in the following table. For purposes of comparison the corresponding figures for the three previous years are given:—

TABLE II.

* CAUSES OF DEATH.	NUMBER OF DEATHS.			
	1922	1923	1924	1925
Pneumonia .. .. .	17	6	6	13
Heart disease .. .. .	9	18	15	8
Cancer .. .. .	8	8	9	6
Tuberculosis (all forms) .. .. .	12	14	12	4
Bronchitis .. .. .	4	4	11	15
Arterio-sclerosis .. .. .	2	4	2	4
Cerebral hæmorrhage .. .. .	5	3	4	8
Congenital debility; premature birth.. .. .	19	5	6	5

## **Infant Mortality.**

It is gratifying to be able to report a further fall in the infantile mortality rate. For 1925 the rate was 79 per 1,000 registered births, against 82 in 1924, 88 in 1923, 84 in 1922 and 139 in 1921.

On a five years' average there is a drop of 23 per 1,000 registered births.

The rate for 1925 is the lowest on record for the district.

## **Births.**

163 live births were registered in Kearsley during the year. Allowing for inward and onward transfers the nett number of births to be correctly assigned to the district was 163, giving a birth-rate of 15·7 per 1,000 of the population. This is a fall of 3·1 per 1,000 on the rate for 1924, and a fall of 4·9 per 1,000 on the period 1920-1924.

Every succeeding year discloses a further fall in the birth-rate. (see Table I). There can be little doubt that the chief factor concerned in this is the rapid spread of birth-control methods amongst all classes of the community.

## **Deaths.**

The number of deaths registered in Kearsley during 1925 was 93. After allowance for inward and outward transfers the nett number belonging to the district was 107, giving a death-rate of 10·3 per 1,000 of the population.

## **Any Causes of Sickness and Invalidity which have been specially noteworthy during the period under review.**

With regard to notifiable infectious diseases, reference to the table on page 23 will show that the district has been remarkably free from epidemics during the past five years.

The prompt use of large doses of antitoxin in cases of diphtheria has resulted, not only in the saving of lives, but also in preventing disabling sequelae.

The almost entire disappearance of enteric fever is one of the most striking evidences of the improvement in general sanitary conditions.

As regards non-notifiable diseases, there was a severe epidemic of influenza and measles in 1922, resulting in much disablement.

Diseases of the respiratory system are prevalent in the district, as indeed they are in all industrial areas, and must be attributed—in part at least—to the impurity of our town atmosphere.

## General Provision of Health Services in the Area.

### Hospitals available for the Area.

#### (1) TUBERCULOSIS:

The treatment of tuberculosis is undertaken by the County Council, who have available the following Institutions:—

(a) Sanatoria for adults (for early, educational or observation cases)	9
(b) Sanatoria and Training Colonies .. .. .	1
(c) Pulmonary Hospitals (for advanced, educational and observation cases) .. .. .	16
(d) Observation Hospitals .. .. .	2
(e) Non-pulmonary (Surgical) Hospitals—Adults and children..	12
(f) Non-pulmonary (Skin) Hospital .. .. .	1
(g) Children's Sanatoria (pulmonary cases only) .. .. .	4

Cases are also sent for treatment to the General Hospitals.

#### (2) MATERNITY:

Townley's Hospital, Farnworth, is available for cases of labour. This hospital is under the administration of the Bolton Union, and receives no contribution from the Kearsley Council.

Complicated labour cases can also be sent to St. Mary's Hospital, Manchester, to which the Council pay an annual contribution of £3 3s. 0d.

#### (3) CHILDREN.

Children are admitted to

- (a) Townley's Hospital (no contribution)
- (b) Manchester Children's Hospital, Pendlebury (annual contribution, £3 3s. 0d.).
- (c) Bolton Infirmary (annual contribution, £5 5s. 0d.).

#### (4) FEVER.

The Farnworth Isolation Hospital was closed at the end of 1924. Since then cases of infectious disease have been sent to Ladywell Sanatorium, an agreement having been made with the Salford Corporation for the reception of such cases at £4 4s. 0d. per week. Cases are removed to Ladywell in the Farnworth motor ambulance.



**(5) SMALLPOX.**

Arrangements exist for the reception of smallpox cases at the Bury & District Joint Hospital. A retaining fee of £40\* per annum is paid, plus maintenance and administrative costs.

**(6) OTHER HOSPITALS.**

(a) Manchester Royal Infirmary (annual contribution £10 10s. 0d.).

(b) Salford Royal Infirmary (annual contribution £2 2s. 0d.).

From the above list it will be seen that Kearsley is well provided for in the matter of hospital facilities. Extensive use is made of the Hospitals, and our best thanks are due to the honorary medical and surgical staffs for their untiring efforts.

**Ambulance Facilities.**

(a) For infectious cases—Farnworth U.D.C.'s motor ambulance.

(b) For non-infectious and accident cases—Farnworth U.D.C.'s two motor ambulances, kept at the Fire Station.

**Institutional Provision for Unmarried Mothers, Illegitimate Infants and Homeless Children.**

No institution exists in the area for the reception of unmarried mothers and illegitimate infants. If they are destitute they are received into Townleys, Farnworth. With regard to homeless children, these are provided for by the Guardians, who own 13 Cottage Homes, with certified accommodation for 208 children. Each home is under the charge of a foster-mother, who is responsible for its good conduct. The children are kept till they are 18 if they have no parents, or if they are deserted. Some of them are boarded out, and some become adopted, but in either case they remain under the supervision of the Guardians up to the age of 18. Between 18 and 21 their interests are still safeguarded by the Guardians' After-care Committee.

\*The retaining fee was formerly £28 per annum, but was raised to £40 as from April 1st, 1925.

### Clinics and Treatment Centres.

Name of Clinic.	Situation.	Nature of Accommodation.	Provided by.
M. & C.W.Clinic School Clinic. (Combined).	Greenwood Street, Kearsley.	Waiting room and consulting room, with lavatory accommodation	Lancashire County Council.
Venereal Diseases.	Offices of Public Health Dept., Howell Croft N., Bolton.	Waiting and ante-rooms. Consulting, treatment and irrigation rooms. Lavatory & W.C. accommodation.	Bolton Corporation.
Tuberculosis.	19-23 Darley St., Farnworth.	2 waiting rooms. 2 dressing rooms (male and female) (One dressing room also being used for treatment). Consulting room, small ante-room, W.C. accommodation.	Lancashire County Council.

There are no Day Nurseries in the district.

### Public Health Officers of the Local Authority.

Medical Officer of Health: ALEXANDER G. GLASS, M.A., M.D., D.P.H.  
(Also M.O.H. & S.M.O., Farnworth U.D.C.).

Sanitary & Meat Inspector: E. SHAW, A.R.S.I. (also Surveyor).

Clerks:  
Miss A. SMITH (part time).  
Miss B. WOLSTENCROFT (part time).

## Professional Nursing in the Home.

### (a) GENERAL.

This is carried out entirely by the District Nursing and the Stoneclough Nursing Associations, who each employ one qualified nurse in the district (one of the nurses being part time). These associations are voluntary, and depend on free-will contributions. They receive no subsidy from, and have no official connection with, either the County Council or the Local Authority.

The nurses visit the sick poor, and perform their duties under the direction of the medical attendant. They do not attend confinements, nor do they visit cases of infectious disease. The work done by these Associations is of great benefit to the community.

### (b) INFECTIOUS DISEASES.

There is no domiciliary nursing service for infectious diseases. In cases of measles, whooping cough, etc., the County Health Visitor advises parents in regard to management and treatment.

## Midwives.

At the end of 1925 there was 1 registered midwife in practice in the Kearsley area. No subsidy is paid by the Local Authority for this service, and the midwife is under the supervision of the County Council.

## Public Health Legislation in Force in the Area.

	NAME.	Operative from
LOCAL ACTS } LOCAL ORDERS }	Nil	..
ADOPTIVE ACTS:	Public Health Acts (Amendment) Act, 1890. Part III.	1898
	Public Health Acts (Amendment) Act 1907. Parts II, III, except Secs. 61 and 67), V.	1909
	Part VI.	1914
	Part X.	1924
LOCAL BYELAWS:	New Streets and Buildings .. ..	1925
	Nuisances .. ..	1898
	Slaughterhouses .. ..	
	Common Lodging Houses } .. ..	
	Tripe Boiling .. ..	
	Dairies, Cowsheds and Milkshops ..	1886

The Acts and Byelaws are all enforced.

The work of the Local Authority is not related to, or administered in co-operation with the Medical Services of the National Health Insurance, Poor Law, or Voluntary Hospitals.



## Sanitary Circumstances of the Area.

### Water Supply.

The town is supplied with water by Bolton Corporation. The water is derived from upland gathering grounds, is soft in nature, and is of pure quality. There is no liability to plumbo-solvent action, and the possibilities of contamination have been reduced to a minimum.

The supply is constant, and there is no insufficiency anywhere. Approximately 2,409 dwelling-houses have a direct supply, there being only one house in the district which is not connected up.\*

### Rivers and Streams.

Complaints were received during the year regarding Singing Clough Brook. Investigations were made and steps taken to prevent as far as possible further pollution.

### Drainage and Sewerage.

Drainage is almost entirely on the combined system. The following summary shows how the sewage is dealt with:

SEWAGE WORKS.	METHOD OF TREATMENT.
Clammerclough.	Septic Tanks, continuous filters, humus tanks, storm tanks.
Horridge Brook.	Sedimentation tank and continuous filter.
Main Outfall, Kearsley Green.	Septic tanks, double contact beds, continuous filters, humus tanks, storm tanks.
Unity Brook.	Septic tank and continuous filter.

### Closet Accommodation.

During the period under review no fewer than 920 privy closets have been converted to fresh-water closets—a notable achievement. At the end of 1925 there were only 326 privy closets left in the district, and these will be converted as soon as possible.

It is always a difficult matter to assess improvements in health conditions in terms of statistical returns, but there can be no doubt that the abolition of the old insanitary privy-midden has contributed enormously to the raising of the hygienic level of the district.

A high infant mortality and a high typhoid incidence have in the past been closely associated with the existence of privy-middens. In Kearsley, as elsewhere, there has been a great reduction in infant mortality of late years, while typhoid fever has practically disappeared. There has also been a considerable lowering of the general death-rate, with a marked rise in the expectation of life at all ages.

\*The water supply of this house is now under consideration by the Local Authority.



Not only so, but the establishment of the water-carriage system has vastly improved the social amenities of the township. The old privy was an offence to eye and nose, was an abomination to those who had to use it, and doubly so to the workmen who had to empty it.

Conversions are carried out under Sec. 39 of the Public Health Acts (Amendment) Act of 1907, half the cost being borne by the District Council.

The following table shows the progress that has been made with conversions during the past 5 years:—

ACCOMMODATION AT END OF 1925:—

Number of privy-middens .. .. .	171
„ „ closets attached to these middens .. .. .	326
„ „ pail closets .. .. .	28
„ „ dry ashpits (excluding middens) .. .. .	191
„ „ fresh-water closets .. .. .	2,021
„ „ waste-water closets .. .. .	139
„ „ movable ashbins for refuse .. .. .	1,707

**Conversions :**

	During 1925	During 5 years 1921-1925.
Number of privy closets } To Fresh W.C.'s ..	206	920
} To Waste W.C.'s ..	nil	nil
} To pails, etc. .. ..	nil	nil
Number of pail closets } To Fresh W.C.'s ..	nil	21
} To Waste W.C.'s ..	nil	nil
No. of Waste W.C.'s to Fresh W.C.'s..	nil	11
No. of houses at which movable ashbins have been substituted for fixed receptacles .. .. .	221	1,052

**Scavenging.**

The scavenging of the district is satisfactorily carried out by the Council's workmen under the supervision of the Sanitary Inspector. Ashbins and pails are emptied weekly, and dry ashpits and privies at varying intervals as required. All refuse is removed during the daytime, and is conveyed to tips.

There are two cesspools in the area in connection with isolated houses.

## Sanitary Inspection of the Area.

### Tabular Summary of the Work of the Sanitary Department during the Year.

Visits to Infectious Diseases .. .. .	25
„ Slaughterhouses .. .. .	68
„ Factories and Workshops .. .. .	33
„ Bakehouses .. .. .	23
„ Cowsheds and Dairies .. .. .	13
Inspection re Housing and Town Planning Acts .. .. .	15
Revisits re Housing and Town Planning Acts .. .. .	17
Letters to abate Nuisances sent out .. .. .	13
Interviews with Owners, Builders, Architects, etc. .. .. .	521
Inspection of Drains, etc., and Works in progress .. .. .	1151

### Smoke Abatement.

In recent Annual Reports I have dealt at some length with the smoke nuisance. Fortunately, public opinion is awakening to the fact that many lives—particularly of young children—are being sacrificed every year to our smoke-laden air. The incidence of respiratory disease is still far too high, and much of it is undoubtedly due to the effects of an impure atmosphere in the delicate linings of the air passages.

Not only so, but the ultra violet rays of the sun, whose health-giving properties are now universally recognised, are almost entirely cut off by the pall of smoke which overhangs our large towns.

The burning of coal in its raw state, both in domestic fires and in industrial furnaces, is, of course, the cause of the pollution; and as long as this continues, so long will the health of the community suffer.

Our ultimate aim must be, not so much to increase legislative restrictions in factory chimneys—important as that is—but to introduce smokeless methods in houses and factories alike.

The Smoke Abatement League of Great Britain has done useful service in enlightening the public on the evils of smoke pollution. They held two successful Conferences, one in Manchester in 1924, and the other in Buxton in 1925. At both Conferences Local Authorities were well represented, Farnworth sending two delegates.

In my Annual Report for 1924 I mentioned that Manchester Health Dept. called a Conference of all local authorities within a certain radius (the area of the Manchester and District Joint Town Planning Advisory Committee), the object of the Conference being to try and obtain uniformity of action by all authorities in the matter of smoke nuisance. The Conference was largely attended, and it was decided to form a Joint Smoke Abatement Committee, consisting of representatives of Municipal Boroughs, County Boroughs, Urban Districts and Rural Districts.

Alderman W. T. Jackson, the late Lord Mayor, was appointed Chairman, and Councillor Cunliffe, of Farnworth, Vice-Chairman.

The Committee's terms of reference were as follows:—

“To consider and submit afterwards to the Joint Committee proposals which shall have for their object the purification of the atmosphere in the areas represented, and for this purpose to include in their considerations the possibility of effecting a standardisation of procedure of the observations of smoke emission; of permissible smoke emission periods; of action taken by the local Health Authority, and of the type of case in which legal proceedings should be taken.

Further, that the Committee be requested to consider the existing facilities for efficient observation of smoke emission, and as a corollary, the need or possibility of joint action being taken by various authorities, and, in such an event, the form which such joint action would assume.”

The Executive Committee met on seven occasions, and in June, 1925, they presented their report to the full Conference. The chief recommendations adopted by the Conference will be found in Appendix A of the present Report.

#### SMOKE OBSERVATIONS :—

	1921	1922	1923	1924	1925
Number of observations .. ..	8	5	2	4	3
Legal proceedings .. .. .	1	1	0	0	0

The time limit for the emission of black smoke in Kearsley is 7½ minutes per hour.

#### **Premises and Occupations which can be Controlled by Byelaws or Regulations.**

There are no common lodging houses, no houses let in lodgings, and no underground sleeping rooms in Kearsley. There is only one offensive trade carried on in the district, that of a tripe-boiler. His premises are inspected from time to time, and no nuisance has been found.

#### **Other Sanitary Matters.**

The outstanding sanitary reform during the period under review has been the abolition of the insanitary privy-midden. Details of this work are given on page 14. Many houses which were not in all respects reasonably fit have received attention. Of these, 12 were deemed unfit for human habitation, and Closing Orders were made.

Much still remains to be done. Sewers are required in order that the remaining privies may be converted. Paving of back streets and yards will have to be attended to. Dry ashpits should be abolished, and a movable ash bin installed at every house.

#### **Schools.**

The sanitary conditions of the schools, are reported on by the County School Medical Staff. No complaints were received by the Sanitary Department during the year.



## Housing.

### (1) GENERAL HOUSING CONDITIONS IN THE AREA:

The majority of the houses in Kearsley are well constructed of brick, and there are no real "slums." Over 80 per cent. of the houses contain four to five rooms, and only 11 per cent. have under that number. At the 1921 Census it was found that 1,269 out of 2,217 private families lived in four-roomed houses, 244 in three-roomed houses, and 55 in one or two-roomed houses.

### (2) SHORTAGE:

The actual shortage of houses is difficult to determine. At the 1921 Census it was found that there were 2,217 private families in Kearsley, and that they occupied 2,201 dwellings—figures that would indicate that the erection of 16 more houses would provide each family with a dwelling. When the size of the families is considered, however, we find that, allowing two persons per room, there were 37 families occupying four-roomed houses, which were too small for their requirements, and 46 occupying houses with three or fewer rooms when more accommodation was necessary.

On the other hand, if we were to calculate the shortage on the cubic capacity of the rooms, and if due allowance were made for children under 10 years of age in the various families (two such being reckoned as equal to one adult) the above figures would have to be considerably reduced.

Probably it would not be far wide of the mark to say that at least 150 more houses are required to meet the present shortage.

### MEASURES TAKEN OR CONTEMPLATED TO MEET ANY SHORTAGE:

Under the Council's housing scheme 196 houses have been built. No further scheme is contemplated.

### (3) OVERCROWDING:

From the figures given in the previous paragraphs, it will be seen that there is a considerable amount of overcrowding in Kearsley. Most of it, however, is caused by families occupying houses which are too small for their requirements—a problem which is concerned rather with the type of houses in the district than with their actual number. Some of the overcrowding is due to the fact that when members of a family marry, they, in many instances, are unable to obtain a house, and they remain in the parents' home.

Only two cases of bad overcrowding were brought to the notice of the department during 1925, and they were dealt with.

While it is true to say that there is little *gross* overcrowding in Kearsley, there is much *moral* overcrowding. Children of opposite sexes, well over the age of puberty, have to sleep in the same bedroom, and frequently in the same bed. The presence of two separate families in a house does not conduce to peace and harmony, and it is difficult, in many cases, to secure the ordinary decencies, let alone the sanctities, of life.



#### (4) FITNESS OF HOUSES:

When allowance is made for the deterioration that took place in property during the war, and for the arrears which had to be overtaken, the general standard of housing in the area is satisfactory. Closing Orders were made in respect of several insanitary blocks of property. Some of these properties have been reconstructed to the satisfaction of the Council, whilst others are at present being dealt with.

The conversion of privy-middens to fresh-water closets, and the paving of back yards have greatly added to the amenities of the township.

The defects are due, in part, to failure of the owners to keep their property in repair, and in part to the carelessness of tenants, whilst many are the result of ordinary tear and wear.

#### GENERAL METHOD OF DEALING WITH UNFIT HOUSES:

Nearly all the repairs are executed under Section 91 of the Public Health Act of 1875. Houses that are unfit for human habitation are dealt with under Section 11 of the Consolidated Housing Act of 1925.

No real difficulty has been found in dealing with properties under the above Acts. Delays have occurred in some instances, but it was not necessary to institute legal proceedings in any case.

All houses, except one, are supplied with Bolton Corporation water, and before very long all houses will have fresh water closets, except in a few cases where sewers are not available.

No difficulty has been experienced during the year in the matter of refuse removal.

#### (5) UNHEALTHY AREAS:

There are none in the district.

#### (6) BYE LAWS RELATING TO HOUSES, HOUSES LET IN LODGINGS, AND TO TENTS, VANS AND SHEDS.

New Byelaws relating to New Streets and Buildings came into force towards the end of the year.

There are no houses let in lodgings, no common lodging houses, and no tents, vans and sheds in the area.

### **Housing Statistics for the Year 1925.**

Number of new houses erected during the year:—

(a) Total (including numbers given separately under (b))... .. nil.

(b) With state assistance under the Housing Acts:—

(i) By the Local Authority.. .. . nil.

(ii) By other bodies or persons .. .. . nil.

## I. UNFIT DWELLING-HOUSES:

Inspection: (1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ..	186
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925 .. .. .	15
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .. .. .	12
(4) Number of dwelling-houses (exclusive of those referred to under (3) found not to be in all respects reasonably fit for human habitation .. .. .	174

## II. Remedy of Defects without Service of Formal Notices:

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers ..	171
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## III. Action under Statutory Powers:

## A. Proceedings under Section 3 of the Housing Act, 1925:—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs .. .. .	nil.
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By owners .. .. .	nil.
(b) by Local Authority in default of owners .. .. .	nil.
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close .. .. .	nil.

## B. Proceedings under Public Health Acts:—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied .. .. .	nil.
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(a) By owners .. .. .	nil.
(b) By Local Authority in default of owners .. .. .	nil.

## C. Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925:—

(1) Number of representations made with a view to the making of Closing Orders .. .. .	12
(2) Number of dwelling-houses in respect of which Closing Orders were made .. .. .	12
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit .. .. .	nil.
(4) Number of dwelling-houses in respect of which Demolition Orders were made .. .. .	nil.
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders .. .. .	nil.

## Inspection and Supervision of Food.

### (a) Milk Supply.

Except in the case of one large firm of retailers all the milk supplied to Kearsley is produced within the district. There are 6 dairy farms in the area, and it can be stated that the milk which they produce is, on the whole, of a satisfactory quality, and that the supply meets the demand. This is not to say, however, that the milk supply is all that it ought to be. While it is not to be expected that a farmer can deliver a germ-free article, there is ample evidence that much of the milk which the people consume is badly contaminated with dirt. There is not a dairy farm in the district which could not produce milk of the highest quality if reasonable precautions were observed with regard to cleanliness. The chief hindrance to such production is, in my opinion, the lack of efficient sterilising apparatus at the farms.

Farmers cannot sell their milk to the public without a licence from the Local Authority. It is to be hoped that before long the Authority will have power to withdraw their licence from all producers whose milk does not reach satisfactory standards of cleanliness.

The farms are regularly inspected by the Sanitary Department, and in addition, the cows are inspected twice a year by a qualified veterinary surgeon. Milk is taken from any suspected animal, and if found to be tubercular, the animal is got rid of.

GRADED MILK.—No graded milk is produced in the district, but one licence to sell Grade A milk has been granted to a producer just outside the district.

No licences were refused to retailers during the year, nor were any licences revoked.

BACTERIOLOGICAL EXAMINATION OF SAMPLES.

Number of Sample.	*Bacteria per cubic cent.	Bacillus Coli present in
1	55,133	0·1 c.c.
2	801,333	0·01 c.c.
3	11,850	Absent
4	24,600	0·01 c.c.
5	16,467	Absent
6	8,000	0·1 c.c.

\*For Grade A milk, the number of bacteria present must not exceed 200,000 per c.c. Bacillus Coli, which is evidence of manurial pollution, should not be present in 0·01 c.c.



**(b) Meat.**

On the 29th January, 1925, Mr. E. Shaw was appointed Inspector under the Public Health (Meat) Regulations, 1924, for the district of Kearsley.

As far as possible all meat is inspected at the time of slaughter. Diseased meat is destroyed by fire. No system of marking has been adopted.

156 lbs. of tuberculous meat was condemned and destroyed during the year.

**(c) Other Foods.**

With the exception of the tuberculous meat mentioned above, no unsound food was found by the Sanitary Inspector during the year.

**BAKEHOUSES:**

There are 20 of these in the district; their sanitary condition during the year was reported as satisfactory. While a comparatively small amount of food was found to be actually unfit for human consumption, a vast quantity of food is being regularly contaminated through unnecessary exposure. Dust, dirt, flies and even worse sources of pollution find their way on to and into the food, and unfortunately, we possess no powers at present to put a stop to it.

This matter has received much attention of late, and in particular from the Royal Sanitary Institute and the Society of Medical Officers of Health. These two bodies appointed a Joint Committee to go fully into this question, and they presented their Report in July, 1925. The report deals with fish, fruit and vegetables, bread and confectionery, groceries, milk, ice-cream, restaurants and cafes, food regulations, licensing and registration of premises.

The problems dealt with in the Report are of such importance to the general community that they ought to receive the utmost publicity. A summary of the findings of the Joint Committee will be found in Appendix B of this Annual Report.

**(d) Food Poisoning.**

No case was brought to the notice of the department during the year.

**(e) Sale of Food and Drugs Acts.**

The administration of these Acts is in the hands of the County Council, and the taking of samples is done by the police. Supt. Turner has kindly supplied me with the following figures which relate to Kearsley for the year 1925:—

Description.	Number of Samples.
Milk .. .. .	7
Butter .. .. .	1
Lard .. .. .	1
Pepper .. .. .	1
Margarine .. .. .	1
Tinned Milk .. .. .	1
<b>TOTAL .. .. .</b>	<b>12</b>



## Prevalence Of, and Control Over, Infectious Diseases.

### Infectious Diseases Generally.

The following table shows the number of cases of infectious disease which were notified from 1921 to 1925 inclusive, and the number of deaths:

	1921	1922	1923	1924	1925	Number of Deaths.
Diphtheria .. .. .	8	8	2	9	5	2
Erysipelas .. .. .	4	3	7	2	1	—
Scarlet fever .. .. .	14	15	20	10	12	1
Enteric .. .. .	—	1	1	—	—	2
Puerperal sepsis .. ..	—	2	—	—	1	2
Ophthalmia Neonatorum ..	—	—	1	2	1	—
Pneumonia—Acute Lobar and Influenzal	5	1	7	6	3	*51
Tuberculosis: Pulmonary ..	15	15	20	8	12	43
Other forms	4	7	4	10	5	9

From the above figures it will be seen that there has been nothing in the nature of an epidemic of any of the notifiable infectious diseases during the past five years. Notifications have been more or less uniform year by year, and the cases have been well distributed over the district. (See also page 9).

\*This figure included deaths from all forms of pneumonia, notifiable and non-notifiable.

### **Diphtheria Antitoxin.**

Antitoxin is provided by the Council free of charge for patients residing within the district. A supply is always available for medical practitioners, and is supplied in phials of 8,000 units and of 500 units, the former for curative and the latter for prophylactic purposes.

During 1925 antitoxin to the amount of 80,000 units was issued to medical men.

### **“Return Cases”.**

When a case which has suffered from an infectious disease has, after isolation and treatment in hospital, returned home, and within a reasonable period—say one month—after return another member of the household contracts the disease, the latter is termed a “return case.” Return cases occur chiefly in connection with scarlet fever.

No return cases have been noted in the district during the last five years.

### **Pneumonia.**

The two forms of pneumonia which are compulsorily notifiable are acute lobar and influenzal.

Reference to the table on page 23 will show the number of notifications received in each year of the period under review.

### **Malaria, Dysentery and Trench Fever.**

No notifications were received.

### **Pathological and Bacteriological Specimens.**

These, with the exception of sputum specimens, are examined at the Pathological department of Manchester University, the cost of this service being borne by the District Council. The examination of sputa is carried out by the Tuberculosis Department of the County Council, free of charge to the Local Authority.

#### **SPECIMENS EXAMINED DURING 1925.**

NATURE OF SPECIMEN.	NUMBER.	RESULT POSITIVE.
Throat swabs (for diphtheria)	14	4
Sputum (for tuberculosis)	19	2

### **Contacts.**

All cases of notified infectious disease are visited in their homes at the earliest possible moment, and enquiries made regarding possible sources of infection, insanitary surroundings, etc., The names of contacts are ascertained, and if special action is required regarding them, this is carried out. Children in the house who are attending school are dealt with in accordance with the Memorandum issued conjointly by the Board of Education and the Ministry of Health.

### **Arrangements for Isolation and Disinfection.**

Since the closing down of the Farnworth Isolation Hospital cases of infectious disease which have required isolation have been sent to Ladywell Sanatorium, the Kearsley Council paying to Salford Corporation the fee of £4 4s. 0d. per week per patient. Cases are removed to this Institution in the Farnworth Council's ambulance. Up to the present this arrangement has worked satisfactorily and no complaints have been received.

Disinfection of premises is carried out by the Sanitary department, and infected articles are conveyed to the old Farnworth Isolation Hospital and disinfected by steam.

No use has hitherto been made locally of the Schick and the Dick tests in diphtheria and scarlet fever respectively, nor have the recently developed artificial methods of immunisation against these diseases been tried.

### **Smallpox.**

Although smallpox has been very prevalent over all parts of England and Wales during the period under review, Kearsley has been fortunate in escaping. It was therefore not necessary for the Medical Officer of Health to carry out any vaccinations as he is empowered to do under the Public Health (Smallpox Prevention) Regulations of 1917.

### **Non-notifiable Infectious Diseases.**

Diseases such as measles, whooping cough, chickenpox, etc., are not notifiable in the district, so that we have to work somewhat in the dark respecting their occurrence.

TABLE III.  
Giving Particulars regarding the Notifiable Diseases (other than Tuberculosis) during the Year 1925.

DISEASE.	Total Cases at all Ages	CASES NOTIFIED.												Cases admitted to Hospital	Total Deaths
		YEARS.													
		Under 1 yr	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 and over		
Smallpox .. .. .	nil	-	-	-	-	-	-	-	-	-	-	-	-	-	
Scarlet fever .. .. .	12	-	1	1	1	-	7	1	-	-	-	-	3	-	
Diphtheria .. .. .	5	-	-	-	-	1	3	-	-	1	-	-	3	-	
Enteric fever .. .. .	nil	-	-	-	-	-	-	-	-	-	-	-	-	-	
Pneumonia .. .. .	3	-	-	-	-	-	-	1	-	1	-	1	-	13 (all forms)	
Puerperal fever .. .. .	1	-	-	-	-	-	-	-	-	1	-	-	-	1	
Ophthalmia Neonatorum .. .. .	1	1	-	-	-	-	-	-	-	-	-	-	-	-	
Erysipelas .. .. .	1	-	-	-	-	-	-	-	-	-	1	-	-	-	
TOTALS .. .. .	23	1	1	1	1	1	10	2	-	4	1	1	6	14	



TABLE IV.  
TUBERCULOSIS.  
New Cases and Mortality during 1925.

Age Periods.	New Cases.				Deaths.			
	Pulmonary		Non- Pulmonary.		Pulmonary.		Non- Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0— 1    ..    ..    ..	—	—	—	—	—	—	—	—
1— 5    ..    ..    ..	—	—	1	—	—	—	—	—
5—10    ..    ..    ..	—	—	—	—	—	—	—	—
10—15   ..    ..    ..	—	—	1	1	—	—	—	—
15—20   ..    ..    ..	—	2	—	—	—	—	—	—
20—25   ..    ..    ..	—	1	1	—	—	2	—	—
25—35   ..    ..    ..	1	3	—	—	—	—	—	—
35—45   ..    ..    ..	1	1	1	—	1	—	1	—
45—55   ..    ..    ..	—	1	—	—	—	1	—	—
55—65   ..    ..    ..	2	—	—	—	—	—	—	—
65 and upwards    ..	—	—	—	—	—	—	—	—
TOTALS    ..    ..    ..	4	8	4	1	1	3	1	0
	12		5		4		1	

**Public Health (Prevention of Tuberculosis) Regulations, 1925.**

These Regulations empower the Local Authority to prevent anyone who is suffering from respiratory tuberculosis from taking part in the milking of cows, the treatment of milk, or the handling of vessels used for containing milk.

No action under these Regulations was necessary during the year.

**Public Health Act, 1925. Section 62.**

This section empowers a Local Authority to remove compulsorily to hospital infectious persons suffering from pulmonary tuberculosis whose lodging or accommodation is such that proper precautions to prevent the spread of infection cannot be taken, or that such precautions are not being taken.

No action was taken under this section during the year.

**Ophthalmia Neonatorum.**

One case of ophthalmia neonatorum was notified. This was treated at home, and the vision was unimpaired. There were no deaths during the year from this disease.

A. G. GLASS.

# APPENDIX "A"

## RECOMMENDATIONS ADOPTED

### by the

## MANCHESTER REGIONAL SMOKE ABATEMENT

### COMMITTEE.

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#### (1) **Method of Inspection.**

(a) **PATROL SYSTEM.** In the Patrol System the Inspector has no regular round or series of rounds for the taking of observations. He is left a fairly free hand as to how he proceeds. The observations of chimneys taken by him depend upon the type of work in that district, and he very soon learns which parts require most supervision. One great advantage is that his presence is not known to anyone at any given time, and this leads to greater care in the control of firing plant. Visits should include early morning and late evening observations in the summer weather.

The Questionnaire results indicate that two-thirds of the authorities adopt this method.

The results obtained indicate that this system is the best system of inspection in vogue, although the total number of recorded observations is relatively few, inasmuch as the Inspector concentrates upon offending chimneys instead of making observations upon all chimneys whether smoking or not.

(b) **SYSTEMATIC.** Here, the Inspector—having divided his district into sections systematically—goes round the sections taking observations, and completing the circuit within a given time. He takes observations of all the chimneys, whether offending or not.

In this way the Inspector has a large amount of work done to show in the number of observations, but the results show that less effective work is done.

**RESOLVED**—That the Patrol System be adopted in all cases where it can be applied effectively.

#### (2) **Standard definition of Black Smoke, in such quantity as to be a nuisance.**

Black smoke of such density as that light cannot be seen through it as it issues from the chimney top.

So far as possible the line of vision of the observer should be at right angles to the direction in which the smoke is travelling.

The distance of the observer from the chimney will depend upon the local circumstances and visibility at the time of observation, and no hard and fast rule can be laid down. Under normal circumstances from one hundred to five hundred yards may be taken as the best distance.

The use of the Rungelmann Chart is hardly practicable in the patrol system of inspection, unless in special cases where its employment would be of value as giving additional evidence for the purposes of prosecution.

**RESOLVED.**—That the above definition be accepted.



### (3) Time Concession.

The second paragraph of sub-section 7, section 91 of the Public Health Act, 1875, entirely prohibits nuisance from black smoke, and the Courts have held that under this Section there is no defence possible on the lines of the "best practicable means" clause. There are exceptions, however, provided for in Section 334, where certain trade processes are enumerated, but these it is not necessary at present to refer to.

The Departmental Committee on Smoke and Noxious Vapours Abatement declared after due consideration that "little or no smoke need be produced by boiler furnaces." This is true, but under present conditions both of practice and knowledge of fuel consumption it is necessary that in practical working we admit the need of a concession or time limit for the emission of black smoke from a works chimney. It is very inadvisable to use the words "standard emission period" inasmuch as with proper conditions there need be no emission at all. "Concession" is the correct description.

From the replies to the questionnaire this concession varies from two minutes in the half hour to 10 or 12 minutes in the hour, and the practice varies so much that no useful summary could be made of the time limit of the concession.

It is obvious that this Committee should direct its consideration to the shortest concession period which has proved to be successful in its practical application. This is under two minutes in the aggregate in the half hour which has for over thirty years been adopted as the line of guidance in smoke control in the City of Manchester. Emission for two minutes is considered to be justification for prosecution. This practice has reduced the manufacturing smoke in the City, both from boilers and from chemical, metallurgical and other furnaces to a small fraction of what it was 25 years ago. There is every reason therefore for urging that this should be the maximum concession to be recommended for adoption throughout the joint area by this Executive Committee.

The emission of smoke is timed to bursts of 30 seconds, i.e., emissions lasting more than 30 seconds are added together, and if in the aggregate two minutes of such emissions are found in any half hour, the case is reported with a view to legal proceedings being taken. If the record of the firm is a good one, and the offence is not extreme, a cautionary letter in the first instance is frequently effective, without Court proceedings being instituted.

The experience of Manchester has been that there is no need for varying the concession according to the number of boilers.

Should any case arise in which the black smoke emissions are so timed as just to keep the firm outside the limits of concession already mentioned, such a case has to be dealt with as a particular issue, special observations being taken and special report made to the Local Authority with a view to suitable action being taken.

RESOLVED.—That the recommendations contained in the report be approved and adopted with the following emendation that instead of the words—

"The emission of smoke is timed to bursts of 30 seconds" it shall read—

"The emission of smoke is timed to bursts of 15 seconds."  
(This was amended to 30 seconds for a period of 12 months, after which it was to be reviewed).

#### **(4) Formation of United District.**

For the suppression of offensive manufacturing smoke, constant observation of chimneys is necessary. Even when something like control is obtained, the presence of the Inspector on the District is necessary to prevent lapse.

For this reason Inspectors whose whole time is devoted to smoke work are necessary in all industrial areas. The Sanitary Inspector cannot, from the oft-times urgent and tying nature of his other duties, deal with smoke nuisance in the effective manner which the urgent importance of this question renders necessary.

The great difficulty is that the country is split up into so many small units, and only a few of these can employ whole-time Inspectors for Smoke Work.

In a large industrial area such as that represented by this Regional Committee, some way of grouping the various authorities is necessary for the effective control of the smoke nuisance.

It appears that by Section 279 of the Public Health Act of 1875 the Ministry of Health has power to declare any group of districts a united district for the purposes of smoke abatement, and Sections 280 to 284 deal with the constitution, powers and finance of such United Districts.

This is probably the only way in which uniformity of administration and practice could be insured.

The United District Committee would group the various districts into sub-districts, and decide the number of Inspectors to be employed. Probably the actual work for each sub-district would be carried out by a sub-committee for that district.

The United District Committee, of necessity, would be in supreme control of the work, and the Sub-District Committees would be required to make regular reports to the main Committee of the work done and the action taken in their areas.

The United Committee would have an Inspector to supervise and advise the sub-district Inspectors.

Judging from Manchester's experience one Inspector can deal effectively with about 250 chimneys. Of course, the area has to be taken into account, but this may be taken as a basis for grouping.

Taking 250 chimneys as the basis of calculation, although little more than half the Questionnaire has been replied to, averaging from the figures obtained, the number of chimneys in the area will be about 5,000. This would mean 20 sub-district Inspectors.

RESOLVED.—That this conference of representatives of Local Authorities within the Irwell and Mersey Watershed recommends their various constituent authorities to adopt the policy contained in the report, and to agree to an application being made to the Ministry of Health for an Order forming a United District for the purpose of administering the Smoke Clauses of the Public Health Act.

#### **(5) Suggestions re Scheme and Grouping of Authorities.**

Dr. Veitch Clark submitted the following scheme as a basis for discussion, with a view to the formation and grouping of a United District.

- (1) That the Ministry of Health be asked to make an Order forming a Joint District.
- (2) That the Local Authorities forming the Regional Area be grouped together in Inspectorial Districts so far as possible, those Districts which have common interests being joined together in "family groups" on the basis of 200-250 chimneys per inspectorial district.



- (3) That each inspectorial district be governed by a Committee elected from the Health Committee of each district in the group.
- (4) That each inspectorial district Committee elect two of its members to form the Regional Council.
- (5) The functions of the Inspectorial District Committee would be to carry out the policy decided upon by the Regional Council, and would have full powers delegated to it by the Regional Council to carry out the provisions of the Act in its area. It would report regularly to the Council.
- (6) The Regional Committee would formulate the policy, have supervision over, and act in an advisory capacity to the District Inspectorial Committees.  
(The number of chimneys being between 4,600 and 5,000, some 20 Inspectorial Districts would be formed, consisting of an average of five Authorities to each).

(6) **Propoganda.**

The following report was read and after discussion approved:—

SMOKE ABATEMENT PROPAGANDA.

It is felt that anything which may be done in the way of anti-smoke propaganda would be more effective if it were carried out under the aegis of an official body such as the proposed Manchester and District Regional Smoke Committee, than if conducted by an unofficial voluntary body such as the Smoke Abatement League of Great Britain. It is, however, realised, that the Smoke Abatement League, having been in existence for some time and having accumulated much valuable information might, with advantage, be asked to co-operate with the general propaganda work. This body is preparing literature dealing with industrial as well as domestic smoke which will be suitable for the general public. The League is also compiling a list of experienced lecturers and is drawing up skeleton lectures with appropriate illustrations, charts and lantern slides.

The Smoke Abatement League might be approached with a view to co-operating with the Regional Committee in the preparation of literature, approved of by this Committee, and publishing it under the auspices of the proposed Manchester & District Regional Smoke Committee in order to give the literature the stamp of official authority. It is suggested that booklets and pamphlets be published dealing with the smoke evil in its widest aspects, namely, its detrimental effect on health, vegetation and architecture, and explaining the economic loss to all concerned of the present methods of using raw coal as a fuel. This literature should consist of authentic records, observations and experiments, and the duly considered opinions and pronouncements of medical and technical authorities.

As distinct from general propaganda and in addition to the more advanced lectures that are now being given in the several technical institutes, elementary lectures and demonstrations by competent instructors should be held for firemen in the various districts. In this way firemen would have practical training in the more efficient methods of stoking. Charts should be prepared giving a list of elementary rules for stoking and boiler management, and these should be hung up in each stoke hole or boiler house and thus supplement the training the stokers have received.

W. T. JACKSON,

Chairman.



## APPENDIX "B."

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### REPORT OF THE JOINT COMMITTEE ON THE HANDLING OF FOOD.

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(1) The Committee were greatly impressed by the fact that apparently Great Britain was practically alone amongst the more advanced of the Nations in having failed to take cognizance of the existence of risk to health and of the production of disease as a result of defective and careless exposure and handling of food, and to provide legislation for the protection of the people from such risks.

(2) From the reports it was noted that though there were in most trades certain special directions from which risk might come, and particular defects capable of amendment, there were also certain defective conditions that were common to all, arising mainly in relation to unnecessary exposure of food stuffs both by wholesalers and retailers and in process of transportation.

(3) So far as regards persons concerned or interested in public health and administration, it is probably unnecessary to give any details at all of the defects referred to. By the mass of the public, however, the defects, that are so obvious to Health Officers and others, would appear to be unnoticed, or to be accepted as inevitable accompaniments of the trade in food. Otherwise it seems certain that the serious contamination by dogs of vegetables stacked on the street and pavement around wholesale markets and at the entrance to or in front of shops would not be allowed to continue.

(4) Equally it seems certain that, if the public themselves had really been concerned, Dr. Orr would not be in a position to allege, as he does in his monograph on Milk that considerable as the effort to educate the milk producer has been, only a fraction of the trade has been induced to make any serious attempt to remedy the defects in the handling of this commodity. Nor would Sir Wilfred Beveridge in writing of Groceries, and Dr. Cates in dealing with Bread and Confectionery, refer to the conspicuous lack of cleanliness in the exposure of such articles as sugar and dried fruits, and in the handling of bread, biscuits and confectionery.

(5) Defects in relation to transport are referred to particularly in the monographs on Fruit and Vegetables (Dr. Fenton), Bread and Confectionery (Dr. Cates), and Milk (Dr. Orr). In the case of milk and vegetables, which frequently have to travel considerable distances by rail, the Committee agree with the reporters that at present the provision made for ensuring protection from contamination at all stages is inadequate. The trucks and vans provided by the railway companies are in many cases not properly constructed for food transportation, and no such discrimination is exercised as would ensure the carriage of foods apart from other and often unsuitable and even dangerously contaminating articles. Milk, notoriously a food material prone to contamination and to cause injury to consumers if contaminated, not only is commonly transported with ordinary merchandise and baggage, but is invariably contained in churns with loose and easily removable covers.

(6) The Committee is convinced that the case for suggesting that the time has arrived for providing legislation more definitely aimed at protecting the food of the people than any now in existence, is greatly strengthened by the special investigations made by individual members. It is recognised that the objections urged against the methods adopted are less on the public health than the æsthetic side, and that little or no definite evidence of injury to health is offered. The difficulties in the way of producing such evidence are, however, enormous, and in any case and fortunately, it is only very rarely that anything in the shape of definite disease is traceable to food contaminated as a result of careless handling or exposure. Vague disturbances of health and digestion that may be caused by such contaminations are rarely particularly noted and practically never investigated.

(7) Even if æsthetic grounds are those that alone can be established, the Committee feel strongly that, having regard to the great variety of conditions that may and do affect food and exert an influence in relation to its nutritive qualities, they are sufficiently strong to justify legislative action with a view to securing adequate supervision and the exercise of such care and cleanliness as will ensure the decency that the increasing refinement of the people demands, and that the changed conditions, the result of the intensified urbanisation of this country, compel.

(8) So far as public demand is concerned, the Committee would point out that though it may be true that there is a large proportion of the population who take no heed of the conditions under which food is handled and dealt with, there is nevertheless a considerable body of public opinion demanding the exercise of greater care. That the number in favour of improvements will grow, is certain.

(9) As evidence of movement in this direction, the Committee desire to direct attention to the fact that in a certain number of districts legislation has been promoted with a view to enforcing it. In the monographs prepared by Dr. Allan and Dr. Barlow, reference is made to this fact, the names of the districts are given, and the provisions in operation in some of these districts are outlined. As further evidence there are the Public Health (Meat) Regulations, 1924, of the Minister of Health, which came into operation on April 1st, 1925, and which already have led to considerable improvements in the businesses to which they refer.

(10) The legislation and the regulations mentioned, in the view of the Committee, in addition to indicating the need for legislative interference with the trade in food generally, indicate also that the time is ripe for legislation, and to some extent show the lines that should be followed.

(11) In all of the monographs submitted with regard to particular trades, one point stressed is that the primary need in order to ensure the carrying out of supervision is Registration. With this opinion the Committee in general is in agreement. The Committee regard it as a real anomaly that whereas the trader in milk and the manufacturer of butter and margarine may not operate on unlicensed premises, dealers in other articles of food may set up business in the open street or in any premises they choose. The Committee hope that if, as they would strongly urge, the Minister of Health takes action by issuing regulations relating to food businesses, one of the requirements will be that all food premises shall



be registered with the local authority, and that no premises shall be occupied for any purpose connected with the preparation, storage, or sale of food of man, until they have been registered.

(12) In addition to such an initial requirement, it appears to the Committee that there are several others that might be made generally applicable to all persons concerned in the trade in food articles, and directed to the prevention of exposure to contamination, and of unclean and careless handling at all stages and in relation to all processes. In this connection the Committee desire to direct attention to the Final Report of the Departmental Committee on the Use of Preservatives and Colouring Matters in Food, in the final paragraph (209) of which the opinion is expressed that, "if proper and cleanly methods of food preparation are to be generally secured, some further control is necessary," and it is indicated that this may be obtained by a system of licensing or registration.

(13) In this same report also, comment is made (paras. 166-168) upon the "shortage in this country of adequate provision of cool storage and transport" for food. In several of the memoranda prepared by Members of the Joint Committee this matter is also dealt with, and in the Public Health (Meat) Regulations, provisions are included with the object of securing cleanliness in this regard in the case of meat. The Committee desire to express agreement with the conclusions reached by the Departmental Committee on the Use of Preservatives and Colouring Matters in Food, and to point out that in respect of foods other than meat, provisions no less far-reaching than those contained in the Meat Regulations are necessary. The necessity of making any regulations apply definitely to all persons engaged in transport of food, including the railway companies; this the Committee desire to stress. They would urge also that all means possible should be adopted to compel not only the provision by these and others of proper means of transport, but the exercise of care in relation to handling and disposal while in course of transport.

(14) As regards exposure and handling of foods, the need that has been recognised for dealing with these matters in the case of meat by the Public Health (Meat) Regulations, the Committee are of opinion should be extended to include all classes of food. Having regard to the fact that many of the other foods are consumed uncooked, the need existing—it is claimed—is even greater, and the grounds for the making of even more drastic provisions than in the case of meat, much stronger. The justification for this suggestion is to be found in the separate memoranda in which attention is directed to the conditions existing in relation to the exposure of, for instance, fruit and vegetables, and conspicuously of sweetmeats, in the open street.

(15) In regard to handling, though the Committee recognise the existence of very serious difficulties in the way of obtaining control in this matter and over handlers, they desire to direct attention to the attempts that have been made in parts of the United States of America to eliminate from the trade in cooked foods, individuals capable of carrying diseases, in the enteric group particularly. This being one of the directions in which proof of definite danger to health arising is obtainable, no effort should be spared to discover some method of dealing with it, and the practical experiments in the American cities should be most closely followed. In the memoranda by Dr. Allan references are made to the work that has been done and the regulations that have been made by certain health authorities in regard to it.



(16) To the question as to the line that should be taken in providing the legislation held to be necessary in order to ensure control and protection of the health interests of the consumer in relation to the distribution and marketing of food, the Committee have given much consideration. In the Public Health (Regulations as to Food) Act, 1907, the Minister of Health, it seems clear, has adequate powers to make regulations relating to food, and covering most of the aspects that have been referred to. Under these powers several sets of regulations have already been issued, the latest being the Public Health (Meat) Regulations, 1924, already mentioned. That the power given is sufficiently extensive to permit of the introduction of a requirement calling for Registration is perhaps open to question; but if such power is absent, then it should be sought at the earliest moment. That the Minister of Health considers the most satisfactory method of procedure is by way of separate regulations relating to each food, would appear to be indicated by the regulations already issued. That this is the opinion of local authorities also, is suggested by the fact that several, as shown in the memoranda of Dr. Allan and Dr. Barlow, have included provisions in local Acts of Parliament, most of them relating to meat and meat products alone. In the opinion of the Committee procedure and administration would be greatly simplified if one set of regulations were issued containing provisions affecting the several matters that are common to all foods, such as transport, and if possible, registration, and a general prohibition of exposure on the street, of meat, fruit, sweets, and the more important and readily contaminated articles, reserving separate regulations for any trade or article, e.g., bread, that called for specific regulation. In the United States of America and other countries, as shown by Dr. Allan in his summary of foreign legislation, it appears to be the practice to deal with each trade by means of separate regulations. It is noted also that in the States, the making of the regulations is in the hands of the local authorities. This method, the Committee would suggest, has many advantages, and in connection therewith desire to recommend to the Minister of Health the adoption of this practice, which in fact already exists in relation to sanitation, powers to make by-laws being in the hands of local authorities, the central body securing control by forbidding the operation of the provisions until approved by them, and by issuing model by-laws for the guidance of the local bodies.

(17) The information which has been gathered by the Members of the Committee is of much public importance, as affecting the question of cleanliness in the handling and preparation of food, and they think that the matter should be brought to the notice of the Ministry of Health, and should be made available to Local Authorities.

(Signed) CHARLES PORTER,  
Chairman.



